

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

8813

STATE FILE NUMBER

-62-036484

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. Primary Registration District No. Registrar's No.

FILED SEP 17 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>ST. LOUIS</u>		c. CITY OR TOWN <u>Jennings</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>D. O. A. City Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>2557 Hord Ave</u>	

3. NAME OF DECEASED (Type or print) First <u>Alfred</u> Middle <u>A.</u> Last <u>Meier</u>			4. DATE OF DEATH Month <u>9</u> - Day <u>11</u> - Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-12-1896</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>11</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paper Cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chart-In to Center</u>		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Meier</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	
14. NAME OF HUSBAND OR WIFE <u>Ruth Melba</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[Redacted]</u>	
17. INFORMANT <u>Melba Meier</u>		Address <u>2557 Hord Ave</u>			

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>Arteriosclerosis of the coronary</u> DUE TO (c) <u>Arteriosclerosis of the coronary</u> 420.1 Eyes		INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>
--	--	---

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I (a) <u>none</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
--	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	---	--

20c. TIME OF INJURY Hour <u>12</u> a.m. <u>0</u> p.m.	Month, Day, Year <u>Nov. 20, 56</u>
--	--

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>ST. LOUIS</u>	COUNTY <u>ST. LOUIS</u>	STATE <u>MO.</u>
--	--	--	----------------------------	---------------------

21. I attended the deceased from <u>Nov. 20, 56</u> to <u>Sept. 11, 62</u> and last saw him alive on <u>June 1, 62</u> Death occurred at <u>10</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Ernest Younger, M.D.</u>	(Degree or title)	22b. ADDRESS <u>3624 Russell</u>	22c. DATE SIGNED <u>9/12/62</u>
---	-------------------	-------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9-14-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ZION Cem</u>	23d. LOCATION (City, town, or county) <u>ST. LOUIS Co.</u>	(State) <u>MO.</u>
---	-----------------------------	---	---	-----------------------

24. FUNERAL DIRECTOR <u>O'Sullivan Muckle Krom</u>	ADDRESS <u>Jennings Rd.</u>	25. DATE RECD. BY LOCAL REG. <u>SEP 12 1962</u>	26. REGISTRAR'S SIGNATURE <u>Loard Smith, M.D.</u>
---	--------------------------------	--	---

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1

3

4 0

5 1

6

7 0

8 2

9

10

11

12 92-0

13

91

Dr Ernest Younger
3624 Russell. 9-11 -4-7
Pr 3-6700 To 1-2
Res He 23864

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lawrence O. Serby

Licensed Embalmer No. 4579

P. O. Address Berkeley, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.